

COVID-19 in Long-term and Residential Care Settings Kansas – April 29, 2020

Healthcare-Associated Infections & Antimicrobial Resistance Program



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COVID-19 in Long-term and Residential Care Settings



“CO” stands for “corona”

“VI” stands for “virus”

“D” stands for “disease”

“19” refers to 2019

COVID-19

Caused by SARS-CoV-2, a type of virus called a “coronavirus”

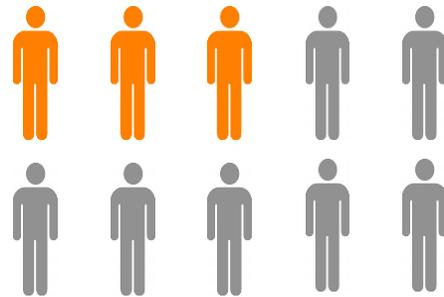


- Person-to-person is the main way the virus spreads
- Contact with infected surfaces or objects
- COVID-19 is a new disease and we are still learning how it spreads



Older Adults at Risk for COVID-19

10-27% in persons aged 85 years or older



Close to 3 out of 10 adults 85 years or older may die from COVID-19



COVID-19 Spreads Easily in Long-term Care Facilities

Aggressive Action Needed to Protect Residents

COVID-19 in Long-term and Residential Care Settings

Facility	Cases	Hospitalizations	Deaths
Long Term Care	2	0	0
Long Term Care	61	12	2
Long Term Care	59	15	7
Long Term Care	6	2	1
Long Term Care	2	0	0
Long Term Care	2	2	1
Long Term Care	10	7	3
Long Term Care	5	0	3
Long Term Care	28	6	6
Long Term Care	20	10	2
Long Term Care	4	0	0
Long Term Care	24	6	7
Long Term Care	15	2	4
Long Term Care	138	38	29
Long Term Care	7	4	2
Long Term Care	11	2	1
Long Term Care	20	4	1
Long Term Care	8	5	0
Group Living	13	3	0
Group Living	15	1	0
Totals	450	119	69

Outbreaks

LTCFs = 18

Residential Care = 2

Counties involved =
 Barton, Butler, Clay, Coffey,
 Crawford, Greenwood,
 Jefferson, Jewell, Johnson,
 Labette, Leavenworth, Lyon,
 McPherson, Osage, Sedgwick,
 Shawnee, Woodson, Wyandotte

COVID-19 in Long-term and Residential Care Settings

LTC/Group Living	Cases	Hospitalizations	Deaths
Totals	450	119	69

Outbreaks

LTCFs = 18

Residential Care = 2



KS Coronavirus Disease 2019 (COVID-19) Case Summary

Cases*	Hospitalizations	Statewide Deaths	Negative Tests
3,491	504	124	24,599

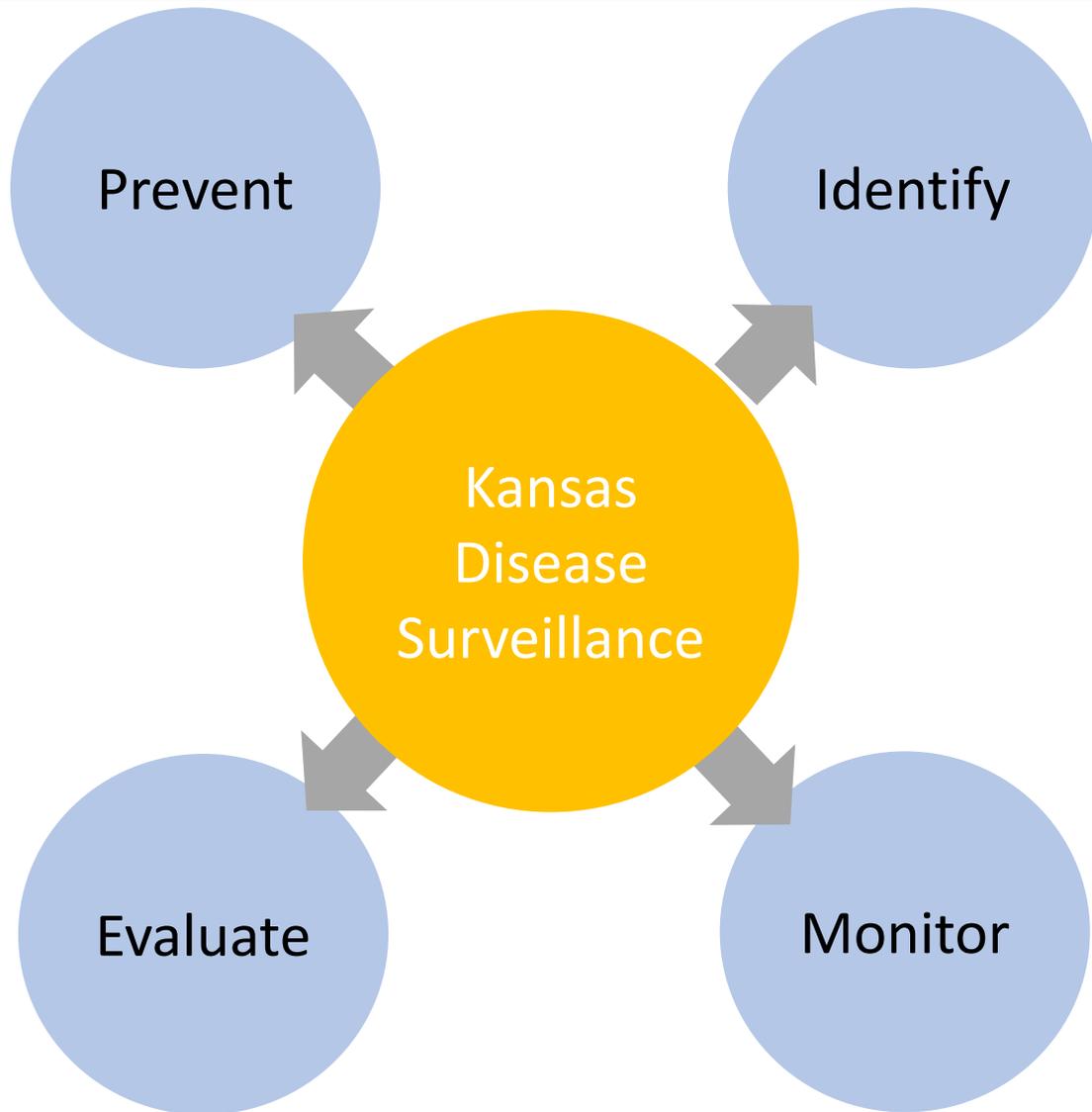
*A case is defined as a person who tested positive by molecular testing for the novel coronavirus (SARS-CoV-2), which causes Coronavirus Disease 2019 (COVID-19).
 Case counts are preliminary and subject to verification.
 Last updated: 04/28/2020 at 11:00 AM

$450/3491 = 13\%$

$119/504 = 24\%$

$69/124 = 56\%$

COVID-19 in Long-term and Residential Care Settings

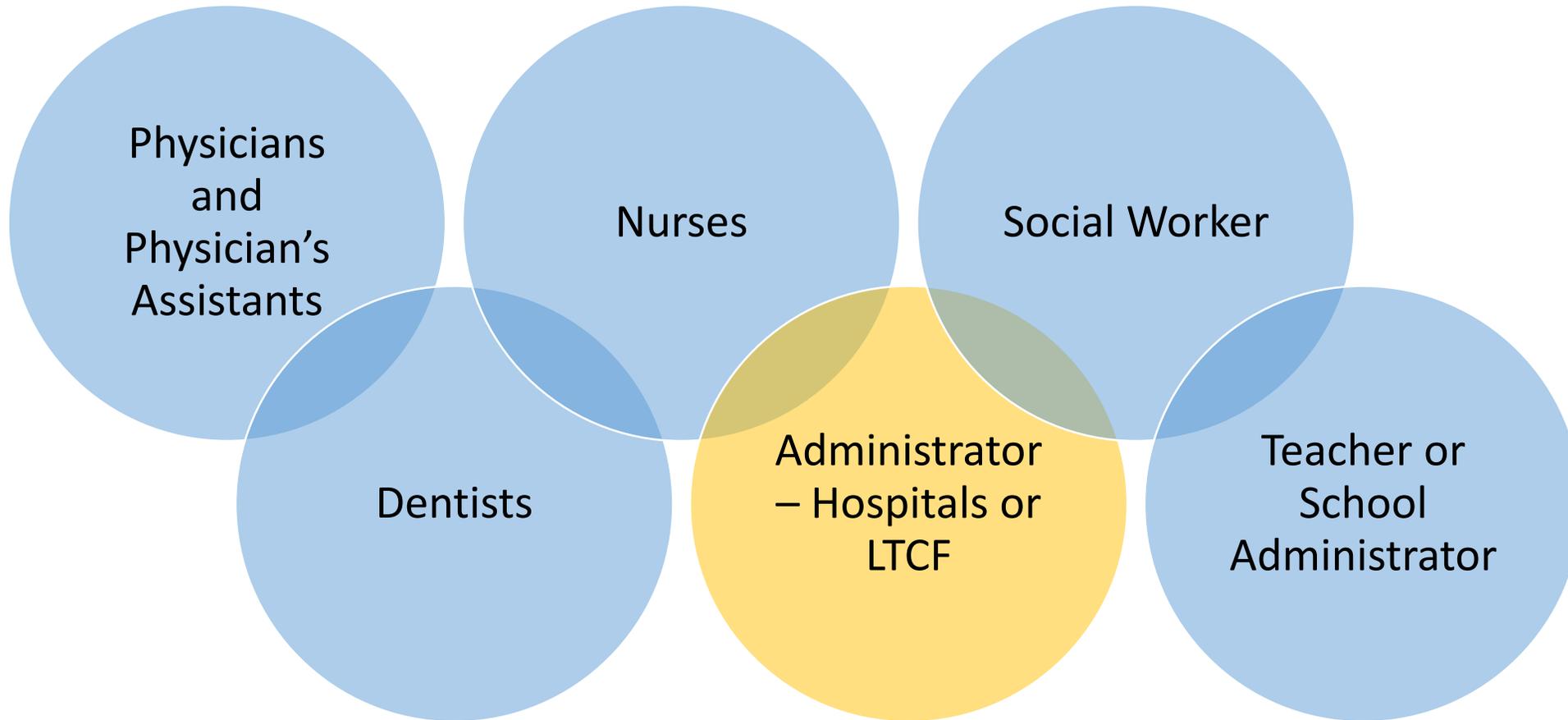


Reportable diseases are those considered to be of great public health importance

Local, state, and national agencies require that such diseases be reported

Allows identification of trends in disease occurrence and outbreaks

K.S.A. 65-118





COVID-19 in Long-term and Residential Care Settings

https://www.kdheks.gov/epi/disease_reporting.html

<https://www.kdheks.gov/epi/regulations.htm>

REPORTABLE DISEASES IN KANSAS
(K.S.A. 65-118, 65-128, 65-6001 - 65-6007, K.A.R. 28-1-2, 28-1-4, and 28-1-18. Changes effective as of 5/11/2018)

For 4-hour reportable diseases, report to the KDHE Epidemiology Hotline: 877-427-7317. For **all other reportable diseases** fax a Kansas Reportable Disease Form and any lab results to your local health department or to KDHE: 877-427-7318 within 24 hours or by the next business day.

Acute flaccid myelitis	Influenza, novel A virus infection 🚫
Anthrax 🚫	Legionellosis
Anaplasmosis	Listeriosis 📄
Arboviral disease, neuroinvasive and nonneuroinvasive (including chikungunya virus, dengue virus, La Crosse, West Nile virus, and Zika virus)	Lyme disease
Babesiosis	Malaria
Blood lead levels (any results)	Measles (rubeola) 🚫
Botulism 🚫	Meningococcal disease 📄 🚫
Brucellosis	Mumps 🚫
Campylobacteriosis	Pertussis (whooping cough)
<i>Candida auris</i> 📄	Plague (Yersinia pestis) 🚫
Carbapenem-resistant bacterial infection or colonization 📄	Poliovirus 🚫
Carbon monoxide poisoning	Psittacosis
Chancroid	Q Fever (<i>Coxiella burnetii</i> , acute and chronic)
Chickenpox (varicella)	Rabies, human 🚫
<i>Chlamydia trachomatis</i> infection	Rabies, animal
Cholera 🚫	Rubella 🚫
Coccidioidomycosis	Salmonellosis, including typhoid fever 📄
Cryptosporidiosis	Severe Acute Respiratory Syndrome-associated coronavirus (SARS-CoV) 📄 🚫
Cyclosporiasis	Shiga toxin-producing <i>Escherichia coli</i> (STEC) 📄
Diphtheria 🚫	Shigellosis 📄
Ehrlichiosis	Smallpox 🚫
Giardiasis	Spotted fever rickettsiosis
Gonorrhea (include antibiotic susceptibility results, if performed)	Streptococcus pneumoniae , invasive disease 📄
<i>Haemophilus influenzae</i> , invasive disease 📄	Syphilis, all stages, including congenital syphilis
Hansen's disease (leprosy)	Tetanus 🚫
Hantavirus	Toxic shock syndrome, streptococcal and other Transmissible spongiform encephalopathy (TSE) or prion disease
Hemolytic uremic syndrome, post-diarrheal	Trichinellosis or trichinosis
Hepatitis, viral (A, B, C, D, and E, acute and chronic)	Tuberculosis, active disease 📄 🚫
Hepatitis B during pregnancy	Tuberculosis, latent infection
Hepatitis B in children <5 years of age (report all positive, negative, and inconclusive lab results)	Tularemia, including laboratory exposures
Histoplasmosis	Vaccinia, post vaccination infection or secondary transmission
Human Immunodeficiency Virus (HIV) (Report the CD4+ T-lymphocyte cell counts, report viral load of any value, and report each pregnancy of women diagnosed with HIV)	Vancomycin-intermediate and resistant <i>Staphylococcus aureus</i> (VISA and VRSA)
Influenza deaths in children <18 years of age	Vibriosis (all <i>cholerae</i> and non- <i>cholerae</i> <i>Vibrio</i> species) 📄
Leptospirosis	Viral hemorrhagic fevers 🚫
	Yellow fever

🚫 - Outbreaks, unusual occurrence of any disease, exotic or newly recognized diseases, suspect acts of terrorism, and unexplained deaths due to an unidentified infectious agent should be reported within 4 hours by telephone to the Epidemiology Hotline: 877-427-7317

📄 - Indicates that a telephone report is required by law within four hours of suspect or confirmed cases to KDHE toll-free at 877-427-7317

📄 - Indicates that bacterial isolate, original clinical specimen, or nucleic acid must be sent to:
Division of Health and Environmental Laboratories, 6810 SW Dwight St, Topeka, KS 66620-0001
Phone: (785) 296-1620

4 hours by telephone for suspect and confirmed:

- Anthrax
- Botulism
- Cholera
- Diphtheria
- Novel Influenza A infection
- Measles
- Meningococcal disease
- Mumps
- Plague
- Poliovirus
- Human Rabies
- Rubella
- SARS-CoV
- Smallpox
- Tetanus
- Active Tuberculosis
- Vaccinia
- Viral Hemorrhagic Fevers
- **Clusters, Outbreaks, Epidemics**
- Unusual occurrence of any disease
- **Exotic or newly recognized disease**

Due to large call volume being experienced during this pandemic, we are requesting reports of **suspect and confirmed COVID-19 via fax to the KDHE Epidemiology Hotline 877-427-7318**



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LATEST UPDATE

Watch the COVID-19 Weekday Press Conferences — Want to know the latest news about COVID-19? Lee Norman, M.D. joins Governor Laura Kelly's weekday press conferences at 2 pm (CST) on Monday, (subject to change). Watch it live on Facebook or later on Vimeo. [Read on...](#)

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[How to protect yourself and others](#)

[What to do if you think you're sick](#)

[Feature Links](#) › [Long-Term Care](#)

Long-Term Care Facilities

[Toolkit](#)

[Recursos en español](#)

<https://www.coronavirus.kdheks.gov/237/Long-Term-Care>

COVID-19 in Long-term and Residential Care Settings

Long-term Care Facility COVID-19 Readiness Self-Assessment Checklist	
Visitor and non-essential personnel restriction	
<input type="checkbox"/>	Suspend all visitation except when essential for resident's medical care or for compassionate care (e.g., end of life)
<input type="checkbox"/>	Screen essential visitors for fever and respiratory symptoms upon entry to the facility, provide them with a mask, remind them to perform hand hygiene, and restrict them to the room of their family member.
<input type="checkbox"/>	Suspend non-essential personnel including volunteers and non-essential consultants (e.g., barbers) from facility.
<input type="checkbox"/>	Post signs at entrances advising that no visitors may enter the facility.
<input type="checkbox"/>	Inform family members about visitor restriction. Example letter
<input type="checkbox"/>	Provide alternative methods for visitation (e.g., video conferencing).
<input type="checkbox"/>	Keep residents and fa
<input type="checkbox"/>	Cancel communal dir increase space betwe
<input type="checkbox"/>	Cancel other activity t (e.g., physical therapy
<input type="checkbox"/>	Provide activities on c
<input type="checkbox"/>	Facility has provided facility is doing to keep
<input type="checkbox"/>	Assesses all resident Have a low threshold
<input type="checkbox"/>	Isolate and closely m have COVID-19, for s
<input type="checkbox"/>	Provide ongoing staff • COVID-19 (e.g. • Sick leave pol • Adherence to
<input type="checkbox"/>	Screen all staff at the if found to be ill, put a
<input type="checkbox"/>	Maintain a list of sympt
<input type="checkbox"/>	To the extent possible
<input type="checkbox"/>	To the extent possible memory care units an
<input type="checkbox"/>	Set up break rooms/s
Personal protective equ	
<input type="checkbox"/>	Inventory currently av eye protection (goggl clean reusable equipr staff and residents ne
<input type="checkbox"/>	Know how to order m request from professi
<input type="checkbox"/>	Review PPE optimiza
<input type="checkbox"/>	With your local/state COVID-19. This may
<input type="checkbox"/>	Increase availability o <input type="checkbox"/> inside each patient'
<input type="checkbox"/>	<input type="checkbox"/> with PPE and nursing carts <input type="checkbox"/> common areas Regularly refill all dispensers.
<input type="checkbox"/>	Stock all sinks with soap and towels and ensure a system to restock on a regular basis.
<input type="checkbox"/>	Ensure EPA-registered, hospital-grade disinfectant is used. Environmental services personnel perform a thorough daily cleaning, and more frequent cleaning of high-touch surfaces in patient rooms and common areas. EPA List N includes products for use against the virus that causes COVID-19.
<input type="checkbox"/>	Ensure shared non-dedicated equipment (e.g., pulse oximeter, rolling BP cuff) is disinfected after each patient use according to manufacturer's recommendations. Ensure disinfection wipes are accessible.
Mask use and source control	
<input type="checkbox"/>	All staff with resident interaction will wear a facemask while in the facility.
<input type="checkbox"/>	All residents able to comply should cover their noses and mouths with tissue or cloth when staff are in their rooms to provide care.
<input type="checkbox"/>	Residents who regularly leave the facility to receive dialysis or other services will wear a facemask when outside of their rooms, including to go to dialysis, unless a mask is not tolerated.
Testing residents and staff suspected of having COVID-19	
<input type="checkbox"/>	Residents or staff with symptoms consistent with COVID-19 are prioritized for testing.
<input type="checkbox"/>	Call your local health Department immediately to obtain swabs for testing.
<input type="checkbox"/>	More extensive testing can be considered in consultation with the health department.
Taking care of residents with suspected or confirmed COVID-19	
<input type="checkbox"/>	For care of residents with suspect or confirmed COVID-19, facility uses the following PPE : (1) N95 respirator if available (airborne protection) or facemask (droplet protection) (2) eye protection (goggles or face shield) (3) gloves (4) gown
<input type="checkbox"/>	Residents with confirmed or suspected COVID-19 must wear a mask (cloth mask is acceptable for resident use) when staff enter their room, unless a mask is not tolerated.
<input type="checkbox"/>	Post signs on the residents' doors indicating specific PPE needed to enter the room. See examples: contact precautions , droplet precautions , airborne precautions
<input type="checkbox"/>	Needed PPE, hand hygiene supplies, and disinfection wipes available at the door to the resident's room.
<input type="checkbox"/>	Trash can available inside the room near the exit to discard doffed PPE.
<input type="checkbox"/>	If able, use the same level of PPE listed above for care of all residents on the same unit as a suspected/confirmed COVID-19 resident. Use PPE conservation guidelines when implementing this.
<input type="checkbox"/>	Roommates of COVID-19 confirmed cases are considered exposed and should be kept in a single room for 14 days if possible (not housed with an unexposed resident). If single rooms aren't available, pair exposed residents with other potentially-exposed residents, or someone else from the same unit.
<input type="checkbox"/>	Keep other residents in their rooms as much as possible; this room restriction may need to be adapted for dementia or fall risk residents.
<input type="checkbox"/>	Monitor residents at least once per shift . Monitoring must include assessing for <input type="checkbox"/> temp, <input type="checkbox"/> symptoms* of COVID-19 infection, and <input type="checkbox"/> oxygen saturation; other vital signs, lung auscultation may also be included. This will help detect spread of infection more rapidly.
<input type="checkbox"/>	When transferring ill residents, communicate with EMS and receiving hospital about possible COVID-19.
<input type="checkbox"/>	Notify the health department immediately about any of the following: • COVID-19, suspected or confirmed, in a resident or staff • Increase in residents being transferred to the hospital for COVID-19 like-illness • Increase in staff calling out sick for hospital for ILI • Increase in unexplained deaths or deaths from respiratory symptoms

* Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, altered mental status, new dizziness, diarrhea, or sore throat. Identification of any of these symptoms should prompt isolation and further evaluation for COVID-19.

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Coronavirus Disease 2019 (COVID-19)

Infection Prevention and Control Preparation Guide for Long-Term Care and Other Residential Facilities in Kansas

April 27, 2020

Coronavirus Disease 2019 (COVID-19)

Response and Containment Guide for Long-Term Care and Other Residential Facilities in Kansas

April 28, 2020

Other resources:

Recorded webinars and training videos – created by CDC

Preparedness tele-ICARs – offered by CDC

Webinar/Q&A session – offered by CDC



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Long-term Care Team | Prevention &
Response Branch

Division of Healthcare Quality Promotion

1. Keep COVID-19 from entering your facility

- Restrict all visitors except for compassionate care situations (e.g., end of life).
- Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber, hairdresser).
- Implement universal use of source control for everyone in the facility.
- Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home.
- Cancel all field trips outside of the facility.



Universal facemask use = Use a facemask at work ALL the time

- People can spread the virus causing COVID-19 without having symptoms
- Source control = wearing a facemask to prevent spreading your germs, which protects residents and staff
- People who work in long-term care facilities can spread germs to residents, patients, and staff
- Facemasks can also protect you!



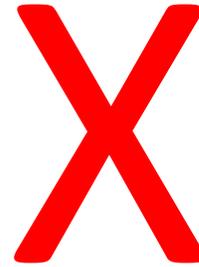
Use Your Facemask the Correct Way



DO:



- Clean your hands before you put on and take off facemask
- Make sure facemask covers your mouth and nose
- Remove facemask touching only the straps, store in paper bag



DON'T:



- Do not touch your facemask or face
- Do not wear your mask:
 - On the top of your head
 - Around your neck
 - Under your nose
- Do not store your mask on your arm or in your pocket



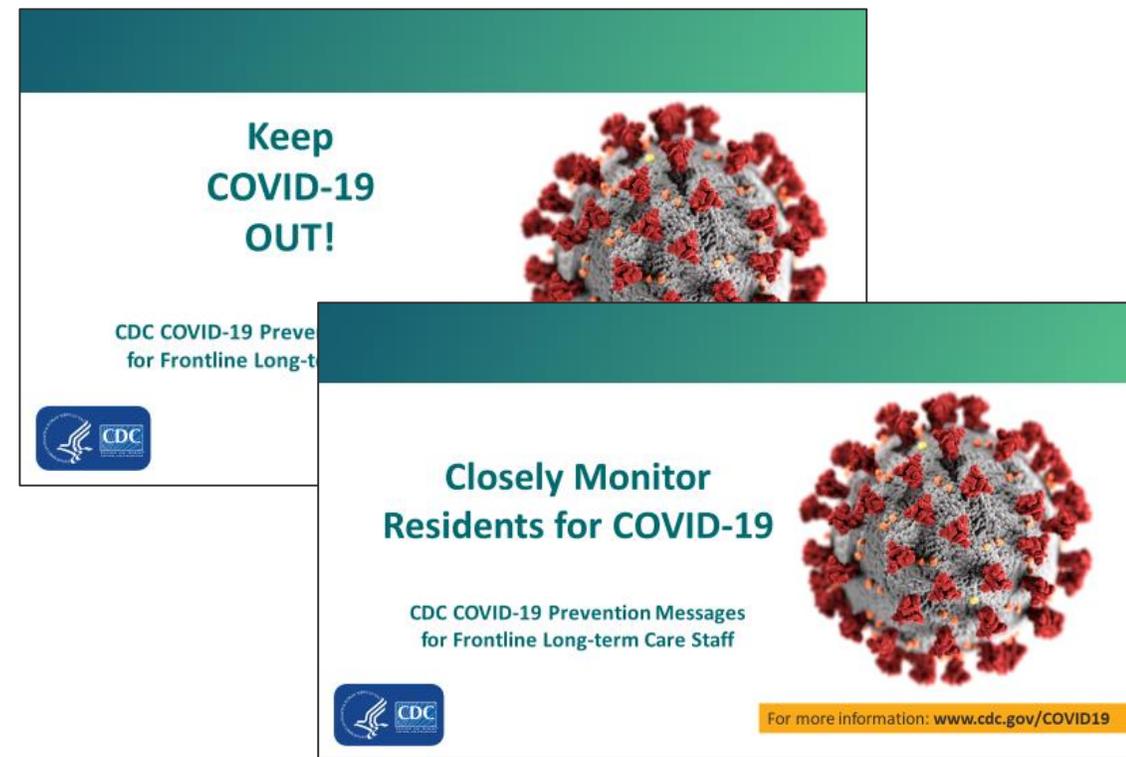
Check yourself – do NOT work when sick

- Check your temperature and report any symptoms at the start of your shift:
 - Cough
 - Sore throat
 - Shortness of breath
 - Muscle aches
 - Headache
 - Change in smell or taste
 - Chills
- If you have a fever (more than 100 degrees F) or get sick at work, go home immediately and self-isolate!



Educate Healthcare Personnel

- Provide information about COVID-19
- Emphasize:
 - Not working when sick, wearing facemask
 - Hand hygiene
 - Monitoring residents
 - Cleaning and disinfecting the environment
 - Selection and use of personal protective equipment (PPE) to keep yourself safe
- Education should be provide to direct care, ancillary services (e.g. environmental services) and external providers (e.g., wound care, laboratory services)
- Inform healthcare personnel if an individual in the facility tests positive for COVID-19



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>

2. Identify infections early

- You should take the residents' temperature daily
 - **WARNING** temperature = more than 100 degrees F
- Ask residents to report symptoms AND monitor for symptoms*:
 - New or different cough
 - Sore throat
 - Shortness of breath
 - Muscle aches
 - New or worsening discomfort or tiredness
 - Change in sense of smell or taste
 - Diarrhea
 - Chills
 - Headache
 - New dizziness
 - Confusion

*Older adults may not show typical symptoms



Notify the Health Department

- **Notify the health department about residents with severe respiratory infection and clusters (per local protocol or 3 or more residents or HCP with symptoms within 72 hours) of respiratory infection.**
- **Notify the health department if, based on evaluation of the resident or prevalence in the community, COVID-19 is suspected.**
- Know your local and state health department point of contacts:
 - Contact information for the healthcare-associated infections program in each state health department is available here: <https://www.cdc.gov/hai/state-based/index.html>



3. Prevent Spread of COVID-19

- Enforce social distancing among residents (stay 6 feet apart)
- Cancel all group activities and communal dining
- Residents should wear a cloth face covering when they leave their room or are around others, if tolerated
- Ensure HCP wear a facemask at all times in the building (or cloth face covering if not within 6 feet of residents)
- Long-term care staff should also practice social distancing, including in breakrooms or other common areas



If COVID-19 is identified in the facility:

- Immediately restrict all residents to their rooms
- Have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms* in the affected unit (or facility-wide)
- Notify staff, residents and families that an individual in the facility tested positive for COVID-19.
- Notify public health to help inform decisions about testing additional staff or residents on the unit and in the facility.

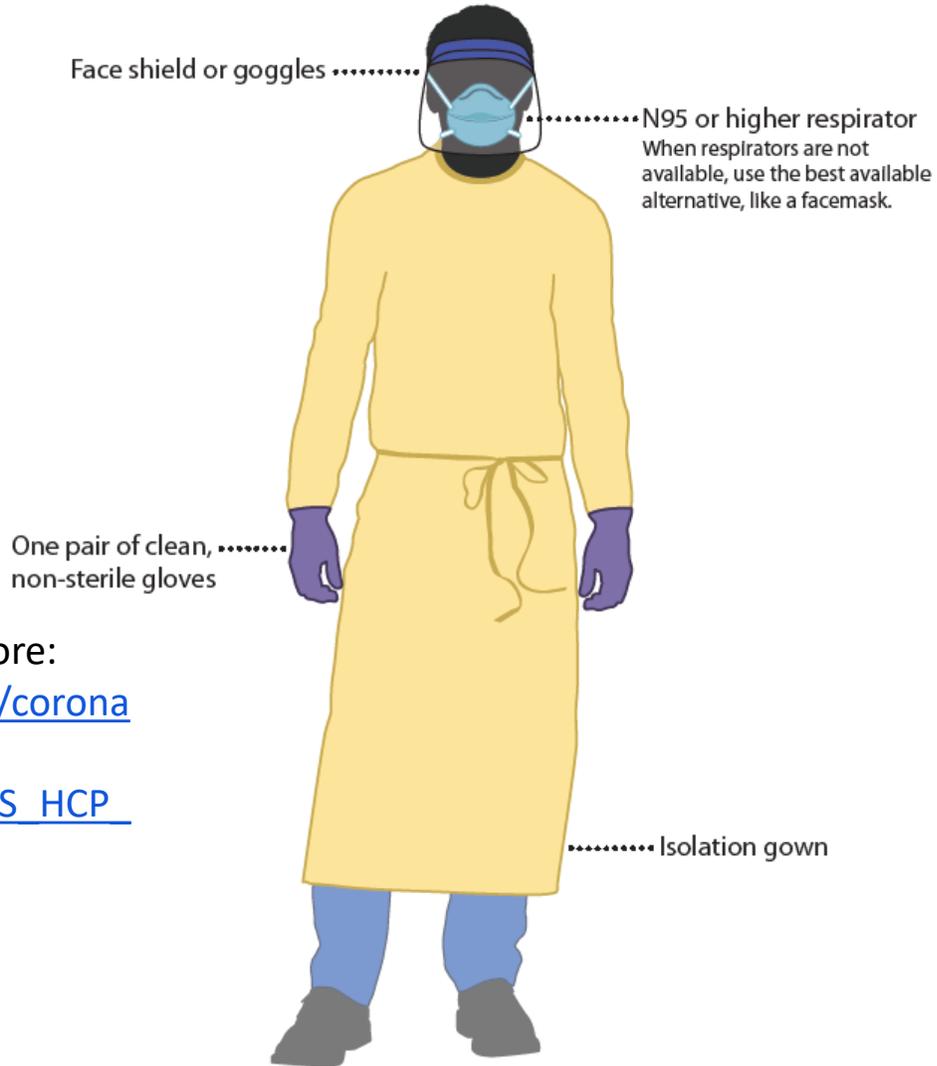


*Implement PPE preserving strategies

WHAT Does all recommended PPE mean?

Preferred PPE – Use N95 or Higher Respirator

Acceptable Alternative PPE – Use Facemask



Click here to learn more:

https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf



 Demonstration of Donning (Putting On) Personal Protective Equipment (PPE)  Copy link



How to Safely Put On Personal Protective Equipment (PPE)



Demonstration of Donning (Putting On) Personal Protective Equipment (PPE)



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

Provide PPE and Cleaning Products



■ Hand hygiene supplies:

- Put alcohol-based hand sanitizer (ABHS) with 60-95% alcohol inside and outside every resident room.
- Put ABHS in other resident care and common areas (e.g., outside dining hall, in therapy gym).
- Make sure that sinks are well-stocked with soap and paper towels for handwashing.

■ Environmental cleaning and disinfection:

- Make sure HCPs have access to EPA-registered, hospital-grade disinfectants* to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
- Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces

*Refer to the EPA-website for a list of Disinfectants (List N) for Use Against SARS-CoV-2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>



4. Assess Supply of Personal Protective Equipment (PPE) and optimize supply

- How many days supply does the facility have of each type of PPE and alcohol-based hand sanitizer (ABHS)?
- Report PPE Shortages:
 - If your facility is concerned about a potential or imminent shortage of PPE, alert your state/local health department who can engage your local healthcare coalition, as they are best positioned to help facilities troubleshoot through temporary shortages.
 - Link to identifying your state HAI coordinator: <https://www.cdc.gov/hai/state-based/index.html>
 - Link to healthcare coalition/preparedness: <https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>



Ways to Conserve PPE to Avoid Running Out

- **Gloves:** should be worn for any contact with the resident or their environment
- **Gowns:** should be prioritized for activities where splashes and sprays are anticipated or high-contact resident-care activities
 - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care
- **“Extended Use” of eye protection, N95 respirator, and facemask:** extended use means these items are worn for the care of multiple patients without removing them
 - Prioritize N95 during shortages for high-risk activities (like aerosol-generating procedures)
- Personnel who do not interact with residents (do not come within 6 feet of them) or who do not clean patient environments or equipment, do not need to wear PPE except as part of universal masking



5. Identify and Manage Severe Illness

- Maintain a list of all ill residents
- Facility performs appropriate monitoring of ill residents (including documentation of oxygen saturation via pulse oximetry) at least 3 times daily to quickly identify residents who require a higher level of care.
- Should a resident require a higher level of care, the receiving facility, EMS and transport service personnel, and the health department should be notified.
- Designate a location to care for residents with suspected or confirmed COVID-19, separate from other residents



Dedicate Space in the Facility to Monitor and Care for Residents with COVID-19

- Dedicate a space in the facility to care for residents with confirmed COVID-19:
 - This could be a floor, unit, or wing in the facility or a group of rooms at the end of a unit
 - Assign dedicated HCP to work only in this area of the facility
 - Create a plan for how residents who develop COVID-19 will be handled
 - Closely monitor roommates who may have been exposed – avoid placing unexposed residents into a share space with exposed residents
- Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown (observation area)
- All recommended PPE should be worn during care of residents under observation



Preparing for COVID-19: Long-term Care Facilities, Nursing Homes

Print Page

What's New

[Key Strategies to Prepare for COVID-19 in Long-term Care Facilities \(LTCFs\)](#)

COVID-19 cases have been reported in all 50 states, the District of Columbia, and multiple U.S. territories; many having wide-spread community transmission. Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death. Strategies include recommendations to:

On This Page

[Interim Guidance for Nursing Homes](#)

[Background](#)

[Things Facilities Should Do Now](#)

[When There Are Cases in the Community](#)

• **Respirator:** A respirator is a personal protective device that is worn on the face, covers at least the nose and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles, agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use

Additional Resources

[Recorded webinar, Preparing Nursing Homes and Assisted Living Facilities for COVID-19](#)

[Long-term Care Facility Letter](#) [1 page] to Residents, Families, Friends and Volunteers

[COVID-19 Hospital Preparedness Checklist](#), including long-term acute care hospitals

[Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Person-to-Person Investigation for COVID-19 in Healthcare Settings](#)

[Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities](#)

[CMS Emergency Preparedness & Response Operations](#)

Page last reviewed: 10/20/2020
Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Field Epidemiology

- For additional long-term care infection prevention guidance: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- Key Strategies to Prepare for COVID-19 in Long-term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>
- Long-term Care COVID-19 Preparedness Checklist: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#checklist>
- Long-term Care template letter for residents and families: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/Long-Term-Care-letter.pdf>
- Surveillance tool for respiratory infections: <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>



KDHE COVID-19 Resource Center

<https://www.coronavirus.kdheks.gov/>

<https://www.coronavirus.kdheks.gov/170/Healthcare-Providers>

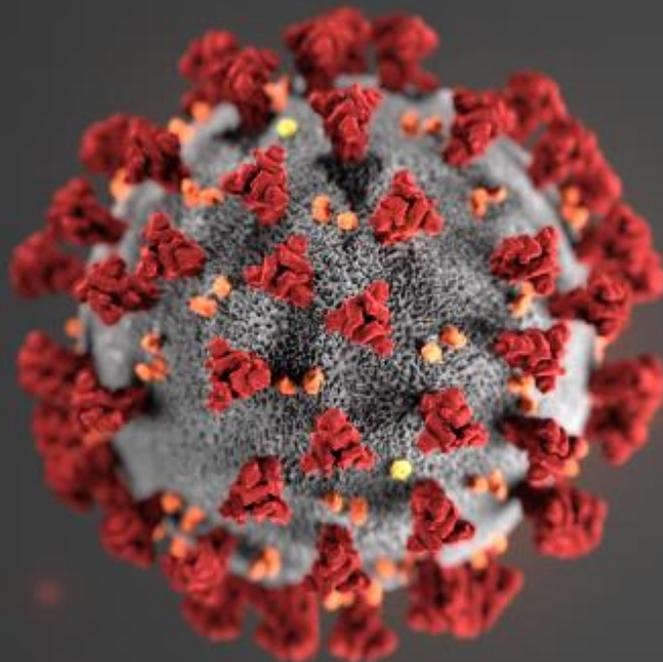
<https://www.coronavirus.kdheks.gov/237/Long-Term-Care>

CDC COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

KDHE 24/7 Epidemiology Hotline
Phone 877-427-7317 | Fax 877-427-7318



Q&A

Kara M. Jacobs Slifka, MD, MPH

Snigdha Vallabhaneni, MD, MPH



THANK YOU.

Frontline healthcare workers for keeping
Kansas going in these uncertain times.



Contact Information

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